

# **The Metro East Lead Collaborative**

## **A Case Study**

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*Towards an Environmental Justice Collaborative Model: Case Studies of Six Partnerships Used to Address Environmental Justice Issues in Communities (EPA/100-R-03-002)*

Prepared for the Federal Interagency Working Group on Environmental Justice by the U.S. EPA Office of Policy, Economics, and Innovation

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U.S. Environmental Protection Agency. Office of Policy, Economics, and Innovation. Washington, D.C. A team based in EPA's Office of Policy, Economics, and Innovation developed these reports. Eric Marsh was the project manager for this effort.

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# Metro East Lead Collaborative

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*We joined because it was important that we not duplicate efforts with Illinois EPA and the Lead Collaborative.*

*Now everyone knows what the other is doing...We were doing the same thing. Now we partner.*

*Value [of the collaborative effort] will be the benefit to the kids. A...generation of kids will be protected.*

— Interviewees, Metro East Lead Collaborative

## *Community History<sup>+</sup>*

The City of East St. Louis and nearby surrounding communities including Brooklyn, Alorton, Centerville, and Washington Park, in St. Clair County, are located in southwest Illinois directly across the Mississippi River from St. Louis, Missouri. Built up around heavy industry, as late as 1961, East St. Louis had a population of 77,000 benefiting from a strong economy and a number of well-paying jobs. However, by the late 1960's the economy had suffered a severe setback resulting in factory closures and the exodus of more than half of the city's population.<sup>1</sup> Today, East St. Louis consists of approximately 32,000 residents. The population is 99 percent minority. The poverty rate of the area is 45 percent. Sixty-five percent of the residents are low income, and 24 percent are unemployed.<sup>2</sup> The area is pocked by numerous vacant lots (four miles out of the fourteen total miles making up East St. Louis are vacant) and abandoned properties (one out of eight housing units are vacant)<sup>3</sup>, several of which serve dual roles as children's playgrounds and illegal junkyards. Old, dilapidated lead smelters and lead paint factories are common, and at least twenty of these industrial sites are contaminated.<sup>4</sup> The East St. Louis region also has significant air quality and flooding problems. In addition, children in the area suffer from lead poisoning at a rate of four times higher than the national average.<sup>5</sup>

The U.S. Agency for Toxic Substances and Disease Registry has reported that nearly one in six children in America have high levels of lead in their blood. The long-term effects of lead in a child can be severe, including learning disabilities, decreased growth, hyperactivity, impaired hearing, and even brain damage. Most homes built in the U.S. before 1960 contain heavily leaded paint and some homes built as recently as 1978 may also contain lead paint, placing many young children at risk, especially children ages infant to six, who may ingest the metal.<sup>6</sup> Lead levels are perceived as dangerous by the U. S. Center for Disease Control (CDC) at levels of 10 parts per million (ppm) or higher. However, Dr. Bruce Lanphear of the Children's Hospital Medical Center in Cincinnati has recently linked lead levels above five ppm to low reading test scores and increased juvenile delinquency.<sup>7</sup>

High blood lead levels have been a known problem in East St. Louis and surrounding areas for over a decade.<sup>8</sup> However, extensive blood lead screening and lead soil sampling in the area starting in 1999 began to reveal how much additional work was needed to alleviate the

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<sup>+</sup> Interviews for this case study were conducted in early October and early November 2001. Ten separate interviews were conducted and a total of ten persons participated. Interviewees included representatives from community organizations, state, federal, and regional agencies, and business.

threat.<sup>9</sup> In the spring of 1999, St. Mary's Hospital Corporate Health Center, the area hospital, carried out school physicals in order to assess the extent of lead contamination in the school children's bloodstream.<sup>10</sup> The results of the tests showed that one in five children in the East St. Louis area had lead levels approaching the CDC dangerous level of 10 ppm. Further, lead levels greater than 5 ppm were found in 70 percent of the children tested.<sup>11</sup> Not only were the lead levels abnormally high, but the ages of those poisoned were older than expected, six to twelve.<sup>12</sup> These findings led St. Mary's Hospital to speculate that children must be coming into contact with lead through means other than lead-based paint<sup>13</sup>. The hospital's concerns prompted the Illinois Department of Public Health, in conjunction with the U.S. Environmental Protection Agency (EPA), to conduct a study to assess the level of lead in soil in selected East St. Louis neighborhoods. Results subsequently showed high lead levels in soil at different sites.

It is unclear why community organizations and government institutions have not had greater success in removing the threat of lead poisoning in East St. Louis even after several years of attention has been placed on the issue and a steady flow of resources have been used to address the problem. There are likely many varied and overlapping factors, a few of which are briefly mentioned. The full extent of the problem may not be known. The scope of the problem may be out of proportion to the financial and human resources required to address it. Therefore, residents and parents in particular may not understand the threats, the symptoms, or possible remedies. Moreover, even though they may recognize that lead's effects can be quite dangerous and possibly severe, some residents may stay silent on the issue fearing that if they spoke out, they would face repercussions from landlords and county officials, including the potential loss of their homes<sup>14</sup> and public funding assistance.<sup>15</sup> In addition, efforts by different organizations to fully remedy the existing threat and locate and treat children already exhibiting lead poisoning symptoms may not have been coordinated effectively due to staff and budget constraints in the public health care sector<sup>16</sup>.

### *Collaborative Background*

As previously mentioned St. Mary's Hospital turned to EPA and the Illinois EPA for assistance in addressing the high incidence of child blood poisoning their testing program revealed in East St. Louis and Washington Park. At the same time, several other organizations were engaged in separate lead-based remediation efforts in the area, including the City, the County, community-based non-profits, and the U.S. Department of Agriculture's Natural Resources Conservation Service (NRCS). The EPA official, who headed the agency's lead-based work in St. Louis, came to the recognition that a multi-pronged strategy—one that could simultaneously address lead paint in homes and lead in soil—would be needed. To be effective, the official surmised that EPA would need to collaborate, link, and build off existing efforts of the groups already at work, or capable of working in the East St. Louis area. Although based in EPA's regional office in Chicago, while the soil sampling was continuing the EPA official began networking with a number of different organizations that were already working in the East St. Louis area.

In early 1999, EPA called a meeting of stakeholders. As a result of this meeting the stakeholders organized and began to call themselves the East St. Louis Lead Collaborative. In May 2000 the East St. Louis Lead Collaborative was named as an Interagency Working Group on Environmental Justice national demonstration project. In 2001, the collaborative expanded to include additional communities in St. Clair County and changed its name to the Metro East Lead Collaborative (MELC). The members of the MELC are described below.

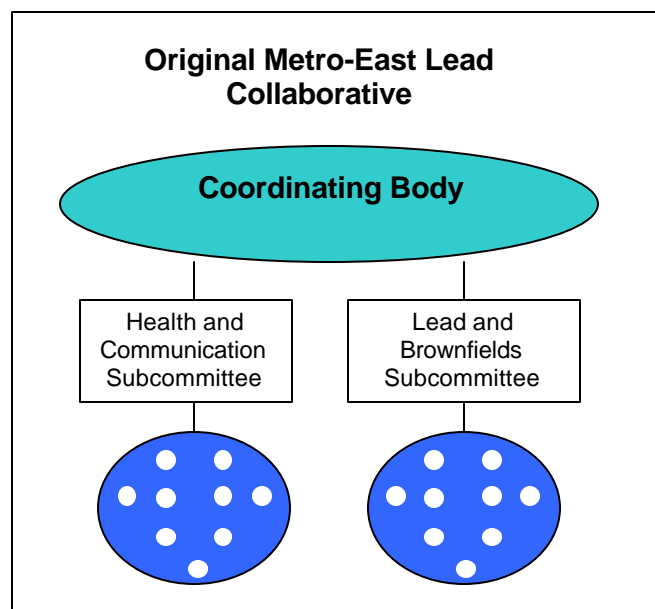
<b>MELC Member Organizations and Eventual Resource Contributions</b>		
<b>Organization and Type</b>	<b>Community Represented</b>	<b>Eventual Contribution to MELC</b>
East Side Health District (Local)	East St. Louis	Blood lead screening, Outreach
East St. Louis Community Development Block Grant Operations, Inc. (Local)	East St. Louis	Lead assessments, housing remediation
East-West Gateway Coordinating Council (Regional)	East St. Louis	Grantee, Soil Sampling, Outreach
Enterprise Community Vision 20/20 (Non-Profit)	East St. Louis	Lead assessment, Redevelopment efforts
Illinois Department of Public Health (State)	NA	Grantee, Soil sampling, Blood lead screening
Illinois Environmental Protection Agency Collinsville, IL office (State)	NA	Technical assistance, Outreach, Grant money
Neighbors Technical Assistance Center (Non-Profit)	East St. Louis	Grantee, Outreach, Lead-safe yards
NEIGHBORS United for Progress (Non-Profit)	East St. Louis	Lead based paint assessments, Outreach
Regional Vocational System (Academic)	East St. Louis, St. Clair County	Outreach
Southwestern Illinois Resource Conservation Development (Regional)	St. Clair County	Grantee (biosolid remediation program)
St. Clair County Intergovernmental Grants Department (County)	St. Clair County	Grantee, Blood lead screening, Lead assessment, Outreach, Housing remediation
St. Mary's Hospital of East St. Louis (Non-profit)	East St. Louis, St. Clair County	Grantee, Blood lead screening, Outreach, Coordination, Meeting space
St. Louis Community College (Academic)	East St. Louis	Grantee – job training, Outreach
U.S. Army Corp of Engineers (Federal/St. Louis, MO)	N/A	Technical assistance and site assessment, Implemented Brownfields Showcase Community Award
U.S. Dept of Agriculture/Natural Resources Conservation Office (Federal/Champaign, IL)	N/A	Technical assistance, Grant money
U.S. Dept of Housing and Urban Development (Federal/Springfield, IL) and The Lead Hazard Control Grant Office (Federal/Washington DC)	N/A	Technical assistance, Grant money
U.S. Environmental Protection Agency (Federal/Chicago, IL)	N/A	Facilitation and technical assistance, Grant money

Figure 1. MELC Member Organizations and Eventual Resource Contributions to MELC

## *Collaborative Process*

The initial meeting of the original MELC took place in February 1999 at St. Mary's Hospital in East St. Louis. Approximately 16 organizations attended. The meeting was used primarily as a forum for the different participating organizations to get to know each other, conduct a thorough analysis of each organizations' activities, and identify what capacity the organizations had to adapt their activities to best meet the needs of the community<sup>17</sup>. Representatives described their organizations' mission and what they had done previously or were currently working on to reduce the threat of lead poisoning in the Metro East area. Following this discussion, the organizations then put forth ideas regarding how they could eliminate the redundancy of lead-focused services, how they might collaborate, and how they might even join resources to better address local lead issues.<sup>18</sup> The spirit of cooperation that emerged from the initial meeting was positive so the organizations agreed to meet every two months at St. Mary's Hospital. At subsequent meetings, members would update the other members on their organization's progress and talk further about how they might potentially assist each other.

The EPA official developed the agendas, distributed announcements and meeting times via electronic mail, and then facilitated the collaborative meetings. She began collaborative discussions by describing a potential collaborative strategy. The official would then ask how many agree to this approach by asking for a show of hands. Following this she would then begin asking those who did not agree what their concerns were and how the strategy could be modified to obtain their support. On most issues, consensus was reached. Consensus in the context of the collaborative discussions did not mean that everyone was to be completely satisfied with the decision; rather that everyone could live with the decision.<sup>19</sup> Since the early meetings were primarily forums for better understanding each of the other organizations, instead of collectively strategizing how lead work in East St. Louis should best be accomplished, the issues were not overly contentious. Regarding some topics, however, members would reach a point where they would agree to disagree. This was especially true for discussions that centered on government rules and regulations.<sup>20</sup>



*Figure 2. EPA Representation of the original Metro East Lead Collaborative.*

Soon after these initial meetings, participants in the collaborative organized themselves into two subcommittees according to resources and expertise. The subcommittees held meetings outside of the larger collaborative meetings. Subcommittee members also regularly spoke with each other via electronic mail and the telephone. Although the subcommittees did not have designated chairpersons, members discussed opportunities for working together to ensure the continuance of lead testing and community outreach on lead issues, and the identification and cleanup of lead contaminated sites and homes. From these discussions emerged unofficial plans of action, which included basic goals, and how each

subcommittee member would contribute to achieving these goals. The subcommittee members then discussed their plans at the full collaborative meetings. The plans generated questions and discussions from collaborative members but they were both accepted. Following this, the subcommittees then began to provide regular updates on their success at full collaborative meetings.

The management of the high number of organizations participating in the collaborative at one point did become somewhat challenging for the EPA official. Nevertheless, she remained committed to keeping everyone updated about collaborative meetings and activities. Meanwhile, support and enthusiasm for the effort remained strong. Potential reasons that the organizations continued to meet are likely several, but some most likely include: (1) a shared belief and commitment across organizations that the goal of lead prevention would be better achieved by participating in these dialogue sessions;<sup>21</sup> (2) the commitment of the different organizations' leadership, which gave staff a mandate to actively participate;<sup>21</sup> and (3) the leadership, interpersonal, and networking skills of the facilitator and representatives of several organizations including St. Mary's Hospital, the City, and the County.

Reducing redundancy of services was a critical focus of the collaborative. One area of redundancy identified by the City, County, and local health department centered on the various lead safety brochures distributed by numerous different organizations, all containing different information. To counter this, each organization participating in the collaborative contributed lead safety information specific to each organization that was combined into a single lead safety brochure that included a Metro East Lead Collaborative logo. Another instance centered on how collaborative members should best interact with the community on lead remediation efforts. At one meeting EPA explained that it desired to notify tenants and homeowners it suspected had yards containing high lead levels through a formal notification process. A letter was to be sent to residents describing the problem and indicating a number to call if they wanted their yards tested. Other federal representatives in attendance agreed with this approach. However, local government and non-profit organizations argued that the only way residents would respond affirmatively would be to go door-to-door and explain the problem. After some discussion, members of the collaborative agreed to a process that they felt would not only inform a greater percentage of residents of potential lead dangers in their yards, but, at the same time, inform them of opportunities for free lead-blood screening and indoor lead remediation. To do this, three MELC members—EPA, Neighbors United for Progress, and the Community Development Block Grant Operation—formed a three-person team that traveled door-to-door in the affected neighborhoods. The team focused on: 1) educating residents about i) the threats of indoor and outdoor lead contamination, ii) opportunities for blood-lead screening, iii) opportunities for indoor lead remediation; and iv) opportunities for outdoor lead remediation; and 2) helping residents fill-out the appropriate forms to access these services. According to one of the partners closely involved in this effort, this multi-pronged team-approach was much more efficient than traditional practices and much more mindful of residents' time.<sup>22</sup>

Since October 2001, the MELC processes have changed considerably. For example the coordinating and facilitating responsibilities, once mainly assumed by EPA's regional office in

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\* One indicator of this commitment, according to the EPA official, was the flexibility shown by several organizational representatives who regularly adjusted their schedules to continue participating in Collaborative meetings that frequently continued past their scheduled time (Noemi Emeric, City of Los Angeles; Brownfields Program Manager (formerly with U.S. Environmental Protection Agency; Region 5), Phone Interview, 21 January 2003.



Chicago, are now provided locally.<sup>†</sup> St. Mary's Hospital of East St. Louis began providing coordination and communication responsibilities while meeting many of the facilitation needs. The hospital's department of Environmental Health & Community Action works closely with other members of the collaborative to develop meeting agendas and to move forward with collaborative-identified projects and goals. Members of the collaborative have widened their leadership efforts by serving on local and regional boards and committees to further coordination efforts, including increased partnership with the St. Louis Lead Prevention Coalition, a non-profit regional agency working to end childhood lead poisoning in the metro region. Increased participation by MELC agencies in MELC leadership, as well as regional leadership, has increased ownership over the collaborative process and also decreases the MELC's overall dependence on EPA for coordination.<sup>23</sup> While many residents of the East St. Louis area are not directly participating in the MELC meetings, the empowerment of the community groups and service providers representing them in the collaborative helps to increase the sustainability of the MELC.

In addition, MELC members agreed to begin rotating the MELC meeting place every four months during which a different organization with the collaborative assumed increased responsibilities. However after recognizing that rotating meeting places hurt attendance levels, the MELC returned to holding its meetings once again at St. Mary's Hospital with coordination provided by the hospital.

This case study explores background material and interviewee's responses to selected questions from early October 2001. Therefore the goals, activities, and findings of this case study describe the MELC before it underwent the transformation described above.

### *Collaborative Goals*

The MELC's overall goal was to improve children's health in the affected areas by coordinating existing locally-based efforts to address lead. By sharing information and limited resources, the MELC expected to reduce the redundancy of the lead-related activities already underway in the East St. Louis area. Specific benefits of MELC's coordination efforts were to include:

- Assessment of uncontrolled lead releases to surface soils in residential yards, schoolyards and parks;
- Lead-based paint hazard assessment and remediation throughout the county;
- Housing rehabilitation and the removal of lead from abandoned lots;
- Blood lead screening of children and pregnant mothers; and
- Medical care referrals for cases of high lead blood content.<sup>24</sup>

### *Collaborative Activities*

At the time of the interviews the MELC's main activities centered on securing funding, lead testing, cleanup and outreach. The MELC effectively organized and tapped into the many resources provided by the individual partners. The MELC had secured over \$3,250,000 from the Army Corps of Engineers, the U.S. Environmental Protection Agency (EPA), the U.S. Housing and Urban Development Agency (HUD), U.S. Department of Agriculture (USDA)

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<sup>†</sup> The EPA official involved in the early coordination of the MELC was Noemi Emeric. She has since taken a position with the City of Los Angeles and can be contacted at 213-978-0863. To learn more about the on-going work of the MELC contact 618-482-7080 or see the MELC website at: [www.metroeastcollaborative.com/](http://www.metroeastcollaborative.com/).

Natural Resources Conservation Service, the Illinois Environmental Protection Agency, the St. Clair County Intergovernmental Grants Department, and East St. Louis Community Development Block Grant Office<sup>25</sup> for the effort. MELC applied these resources to implement different projects that facilitated the achievement of their goals.

Once necessary resources were secured, partner members fully sampled and mapped the affected communities to identify lead-contaminated homes and industrial sites, and later began to identify high-risk groups in the area. By early October 2001, five homes were completely remediated and 75 were identified and waiting to be completed. Five industrial sites were in the process of being cleaned, and twenty others were identified. Approximately 25 percent of the children under age six in St. Clair County were tested for high blood lead levels and St. Mary's Hospital and other partners continue to test the community children's blood lead levels. After children with high blood lead levels are identified their names are given to the County. The County then passes these high blood lead level notifications, and subsequent identification of possible property remediation sites, to MELC partners responsible for site remediation. The MELC then sends an MELC representative to personally notify the families whose children have high blood lead levels and assist them with home remediation applications. Following these actions site cleanup begins.

The MELC is also actively implementing an outreach campaign in order to (1) educate residents of the dangers of lead poisoning, (2) inform residents of the existence of the MELC, and (3) describe how the MELC can help residents solve their lead-related health risks. To assist with its campaign, the MELC employs the media and regularly releases press kits. Part of this effort resulted in a news special that reported the dangers of lead poisoning in the East St. Louis area, which aired on KPLR WB 11 in St. Louis. The MELC also distributes brochures and flyers to local church leaders and community members describing why lead is a problem, who is affected most by lead, the symptoms of lead poisoning, where children can be tested, how the doctor checks for lead, what parents can do to protect their children from lead poisoning, and where lead is found around the house. Similarly, MELC partners have also handed out "Lead Folders" which contain magnets and bookmarks with information that children can share with their parents. Moreover, MELC partners have written articles, describing lead health-risks and MELC support services, that have been featured in community newsletters including the St. Mary's "Neighborhood Care", "Lead A Special Edition", and the "Community Environmental Resource Program newsletter".

In addition, the MELC hosts community meetings in order to disperse information about lead poisoning. For example, the MELC held two meetings in the Jackie Joyner Kersee Youth Center in East St Louis. Although attendance by local residents was low, those who did participate received free blood lead screenings and school supplies for their children ages zero to 14 years. MELC partners also provided updates on MELC activities including the ongoing lead soil sampling investigation, the lead paint and housing rehabilitation initiative, and the blood lead screening and education campaign. Finally, the MELC also trains local residents to act as community facilitators and share information about the dangers of lead to their neighbors.

The following sections primarily describe interviewees' responses to questions gathered from interviews conducted by EPA's Office of Policy, Economics, and Innovation during the week of October 1, 2001. The sections focus on interviewees' impressions regarding measuring collaborative success, collaborative successes and challenges, recommendations for improving the collaborative, overall value of the collaborative, and the value of federal involvement in the collaborative.

## *Measuring Collaborative Success*

The MELC has not developed an evaluation and monitoring framework to track implementation of activities and measure. Nevertheless, the interviewees did have several suggestions regarding this topic. Six out of the ten mentioned the importance of being able to gather quantifiable data to measure success. These interviewees suggested counting the actual number of contaminated sites cleaned up, homes made safe from lead paint, and children tested and treated for lead poisoning. Along these lines, one interviewee added that the MELC should work to have 125 homes cleaned of lead paint by the end of December 2002. Two interviewees suggested conducting a comparative study that would quantify the number of children with decreasing blood lead levels after the implementation of lead removal actions. Similarly another interviewee mentioned conducting a comparative analysis of blood lead levels in children of this generation with those of the next. In terms of what would actually constitute success, more broadly, one interviewee mentioned that overall reduction of lead contamination in East St. Louis would be one measure. Other interviewees suggested measures including improved capacity of the community to address lead contamination issues, visible changes in the local environment, housing redevelopment, the inflow of money and people back into the community, and the development of additional green spaces.

## *Collaborative Successes*

The majority of interviewees were satisfied with the role they played in the development of the MELC and their ability to participate within the partnership. In addition, all of the interviewees thought the issues most important to their organizations were being adequately addressed. One community interviewee specifically mentioned being pleased to see an emphasis on community capacity building demonstrated through local environmental job training in cleanup techniques for the community. Along these lines, an agency representative stated that the MELC was doing a good job coordinating its efforts, citing as an example St. Mary's Hospital's willingness to refocus on some of EPA's goals.

When asked about the outcomes, or results, of the partner activities for addressing the main issues of the affected community, few common themes emerged.<sup>‡</sup> Two remarked that the partnership is not yet mature enough to have the intended impact on the community. Two other interviewees noted that the partnership has resulted in the injection of additional resources into the affected areas. Two additional interviewees remarked that the partnership has resulted in the communication to residents about environmental and public health risks. Related to public education, another interviewee explained that because of the collaborative, agencies are developing a better understanding of the issues facing the affected community. Another interviewee explained that the collaborative has resulted in the cleanup of five homes with 75 more to go. Finally, one interviewee stated that, "The cleanup is having a major impact...The realtors are aware...that we are testing with St. Mary's."

When asked if they were satisfied with the outcomes of their activities so far four of the ten interviewees that answered the question said unequivocally yes. Five interviewees were somewhat satisfied with the current outcomes. They clarified by stating that: (1) they were afraid that the activities could not be sustained by the community organizations if other partners

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<sup>‡</sup> During the interview process, interviewees were asked questions about both the outcomes of partner activities, and the impact of activities for the affected communities. From the responses, it was clear that most interviewees viewed the partnership activities in terms of outcomes, not impact. Therefore, the term outcome is used throughout this discussion.

did not continue to participate; (2) the activities were not being performed fast enough; and (3) there is always more to be done. Finally, one interviewee thought it was too early to comment since “he/she did not know what the outcomes were yet.”

The interviewees did not express a consensus about the “greatest success” of the MELC and several responses focused on different qualities of the MELC. Five out of ten interviewees agreed that the MELC’s greatest success was its ability to join diverse groups together and provide a forum where these organizations could effectively discuss what resources and expertise each could provide. They added that this information exchange reduced duplication of efforts. Further, by better understanding what each organization could provide, the organizations were able to more effectively identify contaminated sites and children at risk from lead poisoning and more quickly initiate lead remediation activities. Two interviewees also mentioned the procurement, organization, and assignment of funds within the collaboration as a major success. On a related note, one interviewee commented how impressive it was that the MELC had been able to accomplish so much without one major argument, especially given the diverse organizations participating. Another commented that one of the important achievements of the MELC has been its “staying power,” adding that the MELC is not only surviving but actually gaining momentum.

Other successes of the collaborative mentioned by two interviewees included the assessment of soil contamination and the identification of contaminated sites/houses. More specifically two community interviewees mentioned the identification of twenty contaminated sites and the subsequent cleanup of five as the project’s greatest success. One further explained that EPA’s follow-through on this remediation work was a major success. Two interviewees commented that even though the community residents were not empowered as individuals, the community organizations involved in the collaboration were, which to them was seen as a success. Other successes mentioned included fostering of community pride, and the designation of the MELC as an Interagency Environmental Justice Demonstration Project.

### *Collaborative Challenges*

Interviewees gave many different answers when asked about the greatest challenge facing the MELC. Although several viewed the level of coordination within the MELC as a success, six of the ten interviewees also mentioned continued coordination and cooperation as the most significant difficulty. Interviewees added that trust issues proved a major barrier to working together. For instance, three mentioned that individual organizations were reluctant to share their information, knowledge, and expertise with other partners. They went on to say that this was being addressed by focusing on effective communication between partners as well as through the increased understanding of the roles each partner played within the MELC. Another barrier to collaborative effectiveness was voiced by three interviewees and centered on difficulties in ensuring organizational involvement, keeping the MELC focused, and maintaining momentum for MELC’s efforts. They said this might be due to a lack of coordination. Many interviewees suggested that the MELC hire or assign an individual/organization to fill the role of coordinator. These interviewees, however, clarified their remarks noting that too much dependence on a coordinator may undermine the sustainability of the MELC, especially if the coordinator were to leave.\*

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\* It is worth mentioning that the MELC has addressed many of these challenges through reorganizing the partnership process. According to one MELC member rotating the lead coordinator role has increased the level of individual partner participation, fostered information sharing, and improved the overall momentum of the project.

Seven interviewees suggested that other main challenges were the (1) inability to generate community awareness of the existence of the MELC or the dangers of lead poisoning, and the (2) inability to gather local support for MELC sponsored activities. Interviewees stated that the MELC has employed an extensive outreach campaign, however, several factors have limited the MELC's ability to work with the community. Two interviewees suggested that the reason residents were so hesitant to take part in the project were trust issues with the government and one interviewee thought the residents actually perceived the MELC as the "government" rather than a collaborative including local non-government organizations. The two interviewees added that the MELC could not build community support because the MELC did not truly understand the community and therefore could not communicate effectively with community residents. For example, one interviewee cited HUD's challenging application process for home redevelopment, which inhibited parents from applying even when they were fully aware their children had high blood lead levels. According to that interviewee, in order to overcome this problem the MELC has its members personally accompany notices informing parents that their children are poisoned. The MELC representative then directly assists the residents in filling out the home redevelopment applications.

The final challenge to progress mentioned was regulatory barriers. Two interviewees stated that none of the federal agencies involved in the partnership are able to use their money for demolition. It was further stated that this poses a real problem in East St. Louis, since derelict structures are one of the major hazards in the area.

#### *Interviewee's Recommendations for Improving the Partnership*

Interviewees responded with many suggestions when asked how to improve the MELC in the future. Six interviewees mentioned that increasing the number and diversity of the participants would be beneficial. Four interviewees stated that a greater number of federal participants could increase both the MELC's scope and effectiveness. Two other interviewees mentioned the need for greater partner diversity within the MELC expressed through increased participation from local political leaders and businesses. They indicated that local government (the Mayor) should be represented in order to increase trust between the MELC and community residents. The interviewees also stated that the MELC would benefit if it took greater strides to include and educate landowners and landlords of the MELC's work. The interviewees thought this might greatly facilitate housing remediation.

Three interviewees stated the MELC could benefit most from an increase in funding. Another interviewee commented that every entity within the partnership should help secure funding. Three interviewees expressed that additional time spent discussing each partner's role and the resources they could provide would be most helpful. For example, one interviewee said every member of the partnership should have a working knowledge of every other organization in the partnership, and be able to refer questions to appropriate individuals. Along these lines, one interviewee mentioned that the roles of the participants be better defined within the collaboration in order to better coordinate the MELC's activities in the community. Further, two interviewees mentioned that a coordinator/secretary should be used to pull the group together and help keep it focused. Interviewees suggested that a community facilitator be used, someone who was well known in the community to act as a liaison. One interviewee mentioned a team building retreat in order to build trust.

#### *Interviewee's Recommendations for Other Communities*

Eight of the ten interviewees offered suggestions for other communities interested in using collaborative partnerships to address environmental justice issues. Six stressed the importance of having the partnership be locally led. These interviewees stressed that community organizations should lead locally based partnerships since they are closest to the community and its problems, and would, therefore, more easily gain the trust of local residents. Three interviewees emphasized that local partnerships need an array of partners including representatives from community organizations as well as federal, state, and local agencies. They implied that this would not only increase the amount of resources available to a collaborative but also allow for more procedural flexibility for using those resources. Along these lines, two interviewees stated that collaborative partnerships should work to ensure that “the right people” get involved, particularly partners with a common mission who can easily join services and organize resources. Another interviewee recommended that partnerships work to define roles of the collaborative members and ensure that the lines of communication between partners stay open. In addition, one interviewee suggested that the goal of collaborative partnerships should be to empower local residents to help themselves.

### *Value of the Collaborative Partnership*

Interviewees gave a variety of answers when asked about the value of the collaborative process. Nine out of the ten interviewees stated that the issues facing the East St. Louis community would not have been addressed to the same extent, if at all, had the MELC not been formed. However, one interviewee did comment that it “was hard to say since EPA [and many of the other organizations in the MELC] had been working in the area for a long time.” This interviewee acknowledged that many organizations had been working in the area before the formation of the collaborative, and suggested that it is impossible to know how much these organizations would have accomplished separately.

Five interviewees stated that the collaborative process was most useful in stopping redundancy of services. This was accomplished by opening the lines of communication between MELC members, which allowed them to learn what other partners were doing in the community and organize their resources and actions accordingly. For example, one interviewee commented that, “Everyone is doing their own little piece of the pie,” rather than trying to tackle this large and complex problem on their own. Two stated that the collaborative process increased individual partners’ capacity to work together. They went on to say that the collaborative process has enabled organizations within the MELC to develop a much better understanding of what it means to work together. The lines of communication have been opened and the organizations are more likely to work together in the future. Two interviewees also stressed that the collaborative process resulted in a more effective outreach campaign focused on educating residents on the dangers of lead poisoning and opportunities for assistance. However, one interviewee did criticize the process the MELC was following. The individual thought that this process was too slow thereby allowing gaps to form while services were being delivered, citing as an example, the two-month delay between child lead testing and the follow-up calls to the families.

Along these lines, interviewees were asked if the MELC could be used to address similar issues that the East St. Louis community may face in the future. Six out of eight interviewees were very confident that the model could be used for future issues. Three mentioned that organizations within the partnership were already thinking about how the model could be implemented to combat asthma. One interviewee stated that the MELC model has already been used as a basis framework for a similar collaboration in the nearby community of Washington Park. Two interviewees, however, were skeptical. One was unsure if the residents

even knew the MELC existed, and the other did not think that the community had the resources to further address the lead issues without continued federal intervention.

Finally, interviewees were asked if the organizational styles and procedures of different partners were barriers in the collaborative process. No interviewee felt that the different organizational styles limited the performance of the MELC. Several, in fact, remarked how the MELC used the differences of the organizations to its advantage. For example, one noted that during MELC's initial stages, participating organizations were given particular tasks that fit within each organization's mission to help carry out and fulfill the collaborative goals. In addition, seven out of the ten interviewees remarked that the nature of a collaborative process is to overcome procedural restrictions. For instance, since EPA did not have the jurisdiction to test the blood lead levels of children, two other partners took action. St. Clair County obtained a necessary grant and St. Mary's Hospital had staff conduct the actual testing. EPA can now use the results of the tests to direct additional federal attention on contaminated sites for cleanup in East St. Louis.

#### *Value of the Federal Involvement in the Partnership*

Six of the eight interviewees who answered had positive things to say about federal involvement in the MELC. Two non-federal interviewees went so far as to say that the MELC would not have existed without the federal partners and, subsequently, the problems would not have been addressed. Four interviewees stated that the agencies contributed funds and expertise to the MELC. They also said that the federal agency representatives maintained open lines of communication, were easily accessible, answered questions, and provided advice to the other MELC members. Two said, the federal agencies helped foster a more holistic approach to problem solving in this community. Two interviewees mentioned that federal involvement brought attention to the affected communities and gave the project needed credibility.

When asked what the federal agencies gained by participating in the MELC six out of seven interviewees stated that the federal agencies now have greater community awareness. They added that the federal agencies are now better able to assess the capabilities of the communities they are working with. One community interviewee mentioned that "we have opened their eyes and they can see our handicaps." Interviewees representing community partners mentioned that the agencies have gained an increased sensitivity to peoples' needs and are aware that they have to customize the information and solutions they supply to the communities they are dealing with. The federal agencies have learned how to listen to the communities they are trying to help. Moreover, they are better equipped to work with the communities rather than "tell the local representatives what to do." For instance, according to one interviewee in East St. Louis the agencies have learned that mass mailings do not work, and a television/radio outreach approach is best in that community. Another interviewee commented that the federal agencies have learned how to "network" with one another and will be better able to work together in the future.

When asked whether federal agencies have been able to better coordinate their activities as a result of their involvement in the MELC, interviewees responded positively. All the interviewees stated that the federal agencies have been better able to coordinate their activities as a result of the collaborative process. The agency representatives said that they are coordinating better between themselves, and one even saw improvement in his/her relationships with state agencies participating with him/her on other projects. Many interviewees expressed that the agencies are sharing information and "thinking outside the box." One interviewee mentioned that the agencies are coordinating to innovatively use funds and

other resources on the project. However, two interviewees did say that despite these gains the agencies could do better. Specifically, they could do a better job of sharing information, pooling ideas, and defining their roles within the MELC.

Interviewees were also asked what federal agencies could do in order to better participate within community-based collaboratives. Two out of the seven interviewees that answered this question stressed the importance that federal agencies ensure participation of local federal agency representatives. In this case the EPA representative was stationed in Chicago, and many of the other federal representatives had their offices well out of the East St. Louis area. One interviewee stated that it is very important to have a community-based person participating with the federal agencies, one that can act as a liaison between the collaborative and the community. The interviewee made this suggestion in reference to the trust issues between the community and the “government.” This interviewee believes that the residents equate the MELC with the “government.” Two interviewees stated that the federal agencies should better recognize their responsibility to provide funding. One added that the agencies should better advertise the grants that are available to combat the problems facing the target community. However, two interviewees stated that it is important for the federal agencies to be “more hands on,” and that agencies should participate in collaboratives not only with money, but also with a willingness to share information and planning responsibilities. An interviewee said it is important for federal agencies to work to find a collaborative model that works for the affected community. Another stated that time should be spent identifying the problems and the resources available to combat those problems.

### *Key Findings*

- The collaborative approach used by the MELC has enabled its member organizations to reduce duplication and improve efficiency of key activities. For instance, the coordination of blood lead level testing, site/house remediation, and community outreach programs in East St. Louis and the surrounding region. Without the collaborative process it is unlikely that the problems facing the affected community would have been addressed as efficiently or effectively.
- The members of the MELC regarded the collaboration as a success. However, interviewees did see a possibility for improved local participation. Interviewees suggested that agency representatives should have local offices in the region and that the MELC should have local membership including local political leaders. The interviewees said that a collaborative would achieve its goals most efficiently when it is locally lead.
- A major challenge faced by the MELC was a lack of trust between partner members for each other. In order to increase trust between members it was suggested that every partner should have a working knowledge of every other partner.
- The MELC has also had difficulties effectively communicating with local residents about its programs. To overcome this the MELC has focused on improving its understanding of local residents and modified its outreach campaigns accordingly.
- Although the MELC has made significant strides to reduce risks from lead, a substantial number of interviewees feel that the MELC would be even more effective if the partner organizations’ roles were better defined and/or a full time coordinator was hired. Since October 2001 the MELC has modified its procedures and better defined partner roles. This action may have addressed the concerns voiced by the interviewees.



## *Afterword*

According to a facilitating member of the collaborative who has been involved in MELC coordination since the summer of 2001, the collaborative continues to meet every two months in general meetings, and as frequently as two times a month in committee meetings to move special projects and goals forward. Development of educational materials and programming, a community health educator program that trains community residents, development of MELC promotional materials, and the obtainment of additional resources represent just a few of the MELC's more recent efforts. In addition, an informal MELC leadership team working to provide strategic recommendations for the general collaborative's review and approval has emerged over the course of the past six months.

Additionally, the MELC has taken a great deal of regional leadership and helped to design a regional campaign, Lead-Free 2003, which included production of a calendar funded through combined partner efforts that showcases children's artwork promoting lead-safe messages. Additionally, the MELC began a federal letter campaign in March 2002, which eventually culminated in a regional event bringing regional partners together with ten high level federal officials visiting from six agencies. Participants spent the day touring the area, learning about current local capacity to address lead poisoning, and discussing strategies to increase this capacity. Based on feedback received through this process, MELC members began developing a five-year strategic plan. The strategic plan will be available on the collaborative's web site ([www.metroeastcollaborative.com](http://www.metroeastcollaborative.com)) and in print by March 2003. In addition, a MELC documentary highlighting the collaborative process produced by Illinois EPA will be available by April 2003.

While there have been changes in membership and individual leadership, the MELC remains mission-driven, coordinated, and committed to improving the health and well-being of children and their families in the Metro East.<sup>26</sup>

*List of Interviewees*

Chris Anderson	East St. Louis Community Development Block Grant Operation
Tony Camillo	St. Mary's Hospital
Noemi Emeric	U.S. Environmental Protection Agency
Dave Eustis	Southwestern Illinois Resource Conservation and Development
Blair Forlaw	East-West Gateway Coordinating Council
Tom Miller	Illinois Environmental Protection Agency
Rebecca Perkins	Neighbors United for Progress
Deb Roush	Army Corps of Engineers
Joan Scharf	St. Clair County Intergovernmental Grants Department
Lue Walters	Natural Resources Conservation Service (USDA)

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## Endnotes

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<sup>2</sup> Metro East Lead Collaborative, "Protecting Children's Health & Reducing Lead Exposure through Collaborative Partnership," *Environmental Justice Action Agenda Presentation*. East St. Louis, IL. Slide number 6.

<sup>3</sup> Ibid.

<sup>4</sup> U.S. Environmental Protection Agency, "U.S. Environmental Protection Agency Metro East Soil Sampling Work Update," 2000.

<sup>5</sup> Interagency Working Group on Environmental Justice, *Integrated Federal Interagency Environmental Justice Action Agenda*. U.S. Environmental Protection Agency; Office of Environmental Justice. EPA/300-R-00-008. November 2000. p. 25. <<http://www.epa.gov/compliance/resources/publications/ej/actionagenda.pdf>>.

<sup>6</sup> U.S. Environmental Protection Agency; Office of Pollution Prevention and Toxics and Office of Ground Water and Drinking Water, "Lead Poisoning and Your Children." <[www.epa.gov/iaq/pubs/lead.html](http://www.epa.gov/iaq/pubs/lead.html)>.

<sup>7</sup> Jim Getz, "Officials Tackle Lead-paint Problems" *St. Clair-Monroe Post*. 5 July 2001. p. 1.

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<sup>9</sup> Ibid.

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<sup>11</sup> On Target to Fix Lead Problem. p. 1.

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<sup>15</sup> Noemi Emeric, City of Los Angeles; Brownfields Program Manager (formerly with U.S. Environmental Protection Agency; Region 5), Phone Interview, 21 January 2003.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Kara Penn, St. Mary's Hospital of East St. Louis, Electronic Communication, 23 January 2003.

<sup>24</sup> Interagency Working Group on Environmental Justice. p. 25.

<sup>25</sup> U.S. Environmental Protection Agency, *Interagency Environmental Justice Demonstration Projects: An Interim Report*. December 2000. p. 35.

<sup>26</sup> Kara Penn, St. Mary's Hospital of East St. Louis, Electronic Communication, 23 January 2003.